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The Canadian Red Cross Society War Council

On invitation from the Canadian Red Cross Society, the Canadian Nurses Association has appointed Miss Elizabeth L. Smellie, first vice-president of the Association, and Miss Constance Brewster, president of the Registered Nurses Association of Ontario, to represent the Canadian Nurses Association on the recently formed War Council of the Canadian Red Cross Society. Miss Smellie attended a meeting of this War Council which was held in Toronto on October 23, but Miss Brewster was unable to be present. In her capacity as a member of the Central Council of the Canadian Red Cross Society, Miss Jean Gunn was also in attendance.

The chairman, Mr. Norman Somerville, K. C., stated the purpose of the meeting, and described the general policies of the Society as set forth in the following outline:

The Canadian Red Cross Society is a National Voluntary Organization incorporated by Act of the Canadian Parliament for the following purposes:

1. To furnish volunteer aid to the sick and wounded of armies in time of war, in accordance with the spirit and conditions of the conference of Geneva of October, 1863, and also of the treaty of the Red Cross or the treaty of Geneva of August twenty-second, 1864, to which Great Britain has given its adhesion;

2. To perform all the duties devolved upon a national society by each nation which has acceded to said treaty, but in affiliation with the British Red Cross Society;

3. In time of peace or war to carry on and assist in work for the improvement of health, the prevention of disease and the mitigation of suffering throughout the world.

The present policy of the Canadian Red Cross Society is as follows:

1. To carry on the peace-time activities of the Society throughout Canada, recognizing that they are of great importance to the health and welfare of the Canadian people.

2. To provide out of voluntary funds, assistance such as hospitals and equipment, ambulances, medical and surgical supplies and comforts of all kinds to the sick and wounded in time of war.

3. To provide assistance to Canadian prisoners of war in safeguarding their health and welfare.

4. To provide comforts for Canadian and British armed forces on active service.

5. To provide assistance in co-operation with other Red Cross Societies for refugees of the countries of our Allies.

The chairman referred to the close relationship existing between the Canadian and British Red Cross Societies, and expressed the hope that both organizations might receive hearty co-operation and strong support in carrying out their beneficent work.

About twenty national agencies were represented, at the Council meeting, some as observers only. During the course of the discussion, the representative of the Canadian Nurses Association made it clear that members of the nursing profession in Canada are ready and willing to render any national service which may be required of them.

This statement is released for publication in "The Canadian Nurse" by the Canadian Nurses Association.

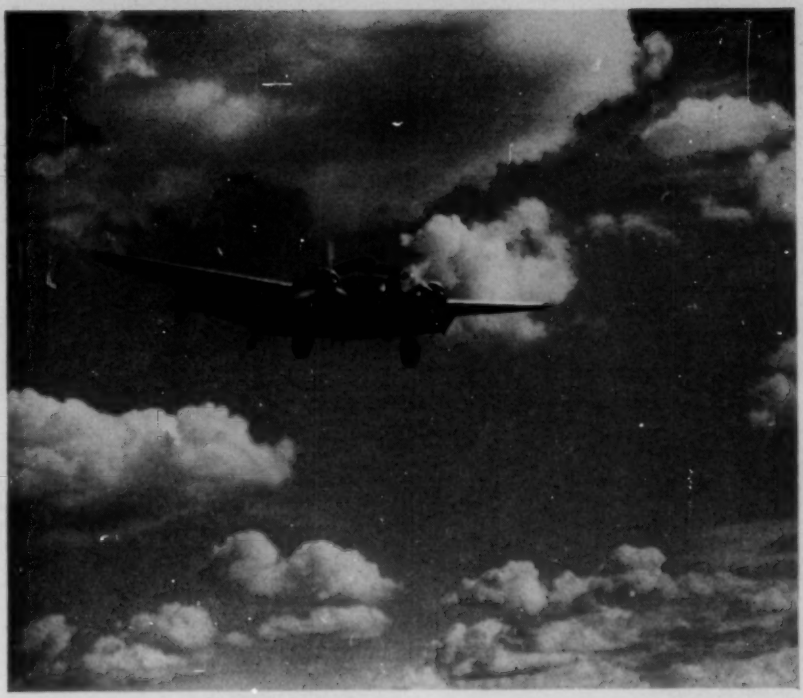
JEAN S. WILSON,
Executive Secretary.

Training Must Go On

The training of nurses must go on and every would-be nurse should be encouraged to enter the profession by the regular channel of routine training. The danger lies in the fact that there are so many other channels open to the would-be nurse which sound more exciting and appear on the surface to make her more immediately useful to the nation's sick and wounded whom she wishes to serve. To the lay mind — even to minds which have been much in contact with nursing — it does not seem to be obvious that a probationer in training is a more efficient unit in any hospital ward after four, eight, or twelve weeks in a preliminary training school than another woman, who in place of the regular routine training, has had a certain number of lectures and a small amount of practice and practical experience.

There are many women who do not really want to be nurses but want to help the nation during the emergency of the war. These are the people who should choose these other channels and help for the moment as V.A.D. nursing auxiliaries, first aid post workers, and so on. They will serve a very valuable purpose and will enable the nursing profession to give a higher standard of nursing care to a larger number of patients than could be coped with in any other way. The young girl who enters hospital for training at the moment need not think she is serving her own ends before she is serving her country. As a matter of fact she will also be making sacrifices.

—*"Nursing Times."*



Flying with the "T.C.A."

ROBERT AYRE

Publicity Department, Trans-Canada Air Lines

Aviation brings new problems to be solved and new men to solve them. It provides new opportunities for women, too. Amelia Earhart is only one example (though perhaps the outstanding) of women in aviation; another is Mrs. Lindbergh, who specializes in the important work of radio. Canada has its women pilots, and is proud of a distinguished woman aeronautical engineer, but when it comes to regular transport service such as that of the Trans-Canada Air Lines, women have a different part to play, one for which they are peculiarly fitted—they are the stewardesses. Every woman could not become a pilot, nor for that matter every man. Handling a plane requires special qualities of brain and nervous system. At the same time, every woman is not possessed of the qualifications to become an air line stewardess.

The first thing the T.C.A. asks a girl who applies for such a position is:

"Are you a Registered Nurse?" If she isn't, the interview ends there. Now this does not mean that the T.C.A. considers flying hazardous. It is simply a recognition of the fact that, in spite of statistics, in spite of widening experience, there are still travellers who think it is. One reason the stewardess is a nurse is because nurses inspire confidence. Practical and poised women, cheerful and tactful, they are experienced in the art of helping people to forget their nervousness and of making them feel at ease.

The T.C.A. stewardess must be a girl of good education and she must have a pleasing and courteous manner. These things naturally follow when she is a nurse. It follows, too, that she will be in excellent physical condition. The T.C.A. is strict about this and the stewardesses report for medical examination every three months. The regulations say that a girl must not wear glasses and they add definite specifications regarding her height and weight. She may weigh as little as ninety-five but no more than one hundred and twenty-five pounds. She must not be below five feet tall nor above five feet five inches. She must not be under 21 nor over 26 years of age. Married women are not acceptable as T.C.A. stewardesses even if their husbands are dead or divorced. Only Canadians are engaged.

When a girl answers to all these requirements and is engaged, she goes to Winnipeg for training, under the general direction of the Supervisor, Miss Lucille Garner. On the ground and in the air (in the company of a girl already in service) she learns the routine. Then she is assigned to duty, usually on a "run" that has one of its terminals close to her own home. For example, nearly all the stewardesses on the line between Montreal and Toronto are bilingual, a fact which is appreciated by French travellers.

It should be pointed out, perhaps, that the word "hostess" is never used on the Trans-Canada Air Lines. "Stewardess" seems more apt in identifying the functions of the young lady whose task is to serve the public.

What are her duties? Well, in the first place, she receives her passengers at the door of the plane, sees that they find their proper seats and disposes of their wraps, hanging overcoats out of the way. When the pilot lights up the sign indicating that he is about to take off or land, it is the responsibility of the stewardess to make sure that cigarettes have been extinguished and seat belts fastened. During the flight, she helps adjust the swivel chairs, provides cushions, perhaps tucks a blanket round a passenger's knees, explains the operation of the air-conditioning vent, passes out chewing gum (swallowing relieves the pressure on the ears), offers magazines or the materials for correspondence, produces maps of the route and does a hundred and one other little things to make her passengers feel at home. She can answer questions, too, for her training includes the assimilation of knowledge about the aircraft — how fast it goes, how high, what the horsepower of the two engines is, what is meant by such terms as "variable pitch" and "full-feathering" propellers — and about the route. She can point out places of interest along the way; she knows her time-table, she is familiar with connections with other air lines and with railways; she can help the traveller make reservations. One of her most important duties is the serving of meals. These are freshly prepared at terminals and sent on to the plane in boxes. The stewardess serves them on

light-weight trays. Coffee comes in large vacuum bottles.

Sometimes she has children among her passengers. Most of them travel with their parents but with a stewardess at hand, a mother can relax and enjoy the flight without worry. A stewardess can be a great help in such matters as babies' bottles. And babies do travel by T. C. A. Some of them have been as young as a few weeks old. Under two years of age, they travel free. The first twins to fly in a Trans-Canada plane caused a moment's perplexity. With their mother, they flew from Regina to the coast, all three on one ticket. The problem was how to fit the three into one seat. They were just one day below the age limit.

The Trans-Canada Air Lines has more than two score stewardesses in service along the line between Montreal, Ottawa, Toronto, North Bay, Winnipeg, Regina, Lethbridge and Vancouver, between Vancouver and Seattle and between Lethbridge, Calgary and Edmonton. At present there is a daily transcontinental flight from Montreal and Toronto to Vancouver and one in the opposite direction; two daily round trips between Lethbridge and Edmonton and two between Vancouver and Seattle and an additional daily service connecting Montreal, Ottawa and Toronto. The schedules are soon to be extended from Montreal to Moncton.

The T. C. A. was incorporated by Act of Parliament in April, 1937, capitalized at $5,000,000. It was stipulated that a majority of the stock must always be held by the Canadian National Railways and that any other shares sold must go to Canadians only or to companies incorporated under the laws of the Dominion. At present, the C. N. R. is the sole shareholder. S. J. Hungerford, Chairman and President of the railway system, is president of the air lines, and the C. N. R. has four directors on the board. The Dominion Government has three. While the T. C. A. naturally has its own separate operating and traffic departments, the railway provides such services as legal, secretarial, medical, purchasing, advertising and publicity, to avoid duplication and for the sake of economy.

WELCOMING THE PASSENGERS

Commercial operations began as early as September, 1937, less than six months after the air line was organized, with the acquisition of a service already existing between Vancouver and Seattle. In the following March, an experimental daily mail service was begun between Winnipeg and Vancouver. This became a regular over-night mail service in October, when the

THE SUPERVISOR
MISS L. GARNER
AT THE RIGHT,
AND
MISS P. ECCLESTONE

Lethbridge-Edmonton line was also opened. The T. C. A. began carrying mails between Montreal and Vancouver on an experimental daylight basis on December 1, 1938. In March, 1939, over-night air mail service between these two cities, on opposite sides of the continent, became a matter of routine and a month later the T. C. A. began carrying passengers.

The two years between the Act of Parliament and the first passenger flight were crowded with activity. The "airway" (airports and landing fields, radio range stations, meteorological service), for which the Department of Transport is directly responsible, had to be brought up to date and extended. The air line had to gather its staff and put it through a stiff training course, had to assemble its fleet, conduct survey and experimental flights, had to build hangars and shops.

If you were a passenger on a T. C. A. plane and you asked your stewardess about the aircraft, these are some of the facts she would tell you. It is a Lockheed Super Electra, with twin engines generating 850 horsepower each. It has a cruising speed of 209 miles an hour and a maximum speed of 244. It has seats for ten passengers. There are two pilots in the cockpit (really three because of Charlie

A GROUP OF "T.C.A." STEWARDESSES SURROUNDING THE PROPELLER OF THE GIANT PLANE.

McCarthy, the automatic pilot) and they are equipped with four complete radio sets and with all the gyro devices, for telling them where they are.

The T. C. A. pilot flies a course set for him by radio and he never leaves the ground without a flight plan based on weather reports. Transport flying is a science rather than an adventure, a science that has settled down to a routine.

The T. C. A. has, in two short years, become an essential part of Canadian life. When you know that you can board a plane in Montreal at nine o'clock at night and can be in Vancouver — across 2,411 miles of forest, lakes, prairie, foothills and mountains — in time for lunch next day, you realize what a change wings and propellers have wrought in the business and social life of the broad Canadian Dominion. When you look at those gleaming metal birds, at the quiet, dependable pilots and the pretty, dependable stewardesses in their smart uniforms, you have a new understanding of the word efficiency.

Readers of *The Canadian Nurse* may be interested in knowing who the Trans-Canada stewardesses are, here is a list, with their places of birth and the hospitals where they received their training:

Name	*Place of Birth*	*School of Nursing*
Garner, L. (Supervisor)	Qu'Appelle, Sask.	Royal Victoria Hospital, Montreal.
Allan, E. V.	Dauphin, Man.	Holy Cross Hospital, Calgary.
Beeber, M. J.	Bassano, Alta.	St. Joseph's Hospital, Victoria.
Brass, M. J.	Yorkton, Sask.	Royal Alexandra Hospital, Edmonton
Brunelle, A.	Weedon, Que.	Nôtre-Dame Hospital, Montreal.
Brunelle, G.	Weedon, Que.	Nôtre-Dame Hospital, Montreal.
Cornwall, N. K.	Edmonton, Alta.	Hospital for Sick Children, Toronto.
Cowan, R. E.	Outremont, Que.	St. Mary's Hospital, Montreal.
Crispin, E. V.	New Westminster, B. C.	St. Paul's Hospital, Vancouver.
Danby, L. M.	Richmond, Ont.	Ottawa Civic Hospital, Ottawa.
Ecclestone, P.	Vancouver, B. C.	St. Paul's Hospital, Vancouver.
Finlay, L. I.	Killarney, Man.	Misericordia Hospital, Winnipeg.
Haibeck, C. M.	Lethbridge, Alta.	Galt Hospital, Lethbridge.
Keeping, N. T.	North Sydney, N. S.	Woman's General Hospital, Montreal.
Leslie, R. A.	Winnipeg, Man.	St. Boniface Hospital, St. Boniface.
Levac, M.	Grondines, Que.	Nôtre-Dame Hospital, Montreal.
McNamara, P. A.	Sault Ste. Marie, Ont.	St. Michael's Hospital, Toronto.
Mongeau, G. R.	Montreal, Que.	St. Mary's Hospital, Montreal.
Price, D. J.	Orillia, Ont.	Wellesley Hospital, Toronto.
Shanahan, F. C.	Winnipeg, Man.	Misericordia Hospital, Winnipeg.
Vallance, A. J.	Kerrobert, Sask.	Vancouver General Hospital, Vancouver.
Wallace, N. T.	Orillia, Ont.	Medicine Hat General Hospital, Medicine Hat.
Wilson, M. M. W.	Winnipeg, Man.	Misericordia Hospital, Winnipeg.

Samuel Bennett, Seth Alden, and the Lag

This article is the substance of an address delivered before the Conference of Public Health Nurses and Medical Officers of Health at Vancouver, British Columbia, April, 1939, by C. E. DOLMAN, M.R.C.S. (ENGLAND), M.B., B.S., M.R.C.P., D.P.H., Ph.D. (LONDON), *Professor and Head, Department of Bacteriology and Preventive Medicine; Acting Head, Department of Nursing and Health, The University of British Columbia.*

In the year 1674, during the reign of the "Merry Monarch", Charles II of England, one Philip Bennett wrote in his kinsman Samuel Bennett's recipe book (now in my possession) the following prescription:

> Against epidemicall disseases, as the plague, &c . . . One quart of Redd Muskadine, one pint of white wine Vinegar, half a pint of Angelica Water, One ounce of London Triacle, half an ounce of Nutmegges, two Races of Large Ginger, half an ounce of Cinamon, half an ounce of Congo pepper, one handful each of Elder-croops, Bramble Leaves, Rodd Sage, Wormewood, Rue, and a little Angelica. Boyle it alltogether till halfe thereof bee wasted, then strayne it (with fower spoonfulls of English Honey) into a Glasse . . . Take one spoonfull of the medicine every morneing, and then walk abroad and follow your affaires, &c: I used only this water and wormewood Ale in the great plague last in London and (by God's blessing) escaped, yet some of my ffriend's were infected and I kept them company.

In 1767, nearly 100 years later, only a few years before the outbreak of the War of Independence, one Seth Alden, (a direct descendant of the John Alden who came over on the Mayflower) became apprenticed to a physician and surgeon of the city of Norwich in Connecticut. In his notebook one finds the following reassuring statement:

> Contagious or pestilential fevers seem to owe their malignity, university, and deleterious nature to animal salts dissolved and sublimed, by putrefaction, fermentation, sublimation, and again Attraction uniting into Large Clusters suddenly and violently. All epidemical, infectious, and eruptive distempers are but lesser degrees of pestilential ones caused by these animal salts weakened and diluted . . . Hence by an easy and natural piece of Natural Philosophy, all epidemical infections and pestilential distempers may be accounted for . . .

Samuel Bennett and Seth Alden became prosperous and respected citizens in their respective communities, and doubtless built up a reputation for oracular wisdom on a foundation of fancy prescriptions and obscure platitudes such as the above; and we may well reflect with astonishment and gratification upon the advances made, since their day, in our knowledge of the causation and prevention of "epidemicall diseases", and in the changes of habit and outlook to which the partial application of such knowledge has given rise. In Samuel Bennett's day, a person had to be unusually lucky or tough to survive his thirtieth birthday; while a century later, in Seth Alden's time, the expectation of life, at birth, was barely 35 years. Today, in this country, the baby boy has at birth an average chance of living to be 62 or so; and, for some rather unsatisfactory reason, the baby girl is permitted to survive a couple of years longer. But there is another aspect to the public health picture drawn in terms of historical perspective, which is just as

remarkable, and merits equal attention.

In 1546, Fracastoro wrote a monumental work on Contagion,—"De Contagione"—full of accurate observation and of prophecies since fulfilled; and this was 132 years before Samuel Bennett's prescription against the plague. Nearly 50 years before Samuel, William Harvey published his classic on the circulation of the blood; while Anthony van Leewenhoek, whose "little animals", seen through his home-made microscopes, we now know to have been related to the causal agents of the plague and other "epidemicall disseases", was a contemporary of Samuel's.

Again, in the very year 1767 that Seth Alden was to recommend the following treatment for a man "sick of a pulmonary consumption": . . . "Hold a cat to his mouth so that he may breath into the Cat's mouth when he is asleep for the space of half an hour at a time " . . . John Hunter, founder of the experimental method and inductive logic as applied to medicine, inoculated himself with gonococcal pus in an attempt to prove that syphilis and gonorrhoea were one and the same disease; and thus gave himself not only gonorrhoea, from which he soon recovered, but also a primary syphilitic sore, of a type still known as a "Hunterian chancre", the precursor of the aortic aneurysm of which he prematurely died. And Edward Jenner, Hunter's pupil, whose marvellous contribution to preventive medicine, smallpox vaccination, can hardly be over-praised, died nine years before Seth.

The point I am trying to make is that the pioneer always has been years ahead of the practitioner. In the field of preventive medicine, there is a lag ranging from two to two hundred years, with twenty years as perhaps a fair average, between the experimentation, the viewpoint, and the teaching, of the laboratory worker, and the application of this knowledge to the benefit of mankind by the public health worker, whether doctor or nurse. What factors have caused this lag, to what extent can it be reduced, what has been accomplished despite it, to what extent have these accomplishments changed our objectives, and what new techniques should we, as practitioners of preventive medicine, attempt to acquire? These are some of the questions which I think we ought to face squarely.

First let us sketch briefly what has been brought about by preventive medicine in recent years. We need not go back in time to even 100 years ago, when, on this continent, epidemics of cholera, typhus, typhoid, malaria and smallpox, swept over the human scene at only too regular intervals, carrying away in their adult or adolescent years communities of people who, by chance or through an unusual hardihood, had survived the then appalling hazards of infancy, and the infections peculiar to childhood, such as diphtheria, scarlet fever, measles, and whooping cough. Let us rather go back a mere 25 years, to a time well within the memory of most of us here—to the Coronation Year let us say of the late King George the Fifth.

We find infant mortality today is well under half what it then was. The mortality rates of children under 5 years have been reduced by three-quarters. Diphtheria has practically vanished, scarlet fever has become benign; tuberculosis has fallen from first place as a cause of death to seventh; typhoid fever from sixth place to thirtieth; cholera, malaria, yellow fever, plague, typhus fever, smallpox, and rabies, are

of course scourges not only of the past, but — as we are prone to assume in our unguarded moments — scourges of the dim and distant past, which cannot fall again upon us.

We may justly reflect with pride upon the fact that in this brief generation, covered by the lifetime of us all, the application in the field of the discoveries of the pioneers has made it possible for the average baby of today to expect a 10-year longer life-span than we ourselves had a right to anticipate at our birth. We have become so accustomed to the benefits accruing to the public health through application of knowledge relating, for instance, to the nutritional requirements of the human body, and to the sources and varieties of the aberrations of the human mind, that it seems scarcely credible that the role of the vitamins in diet was first scientifically demonstrated as recently as 1912 by Hopkins, while Freud's great work, "The Theory of Sex", was not published until 1910.

School hygiene, mental hygiene, industrial hygiene, what were these 25 years ago? Yet today the bandy-legged toddler no longer runs on the streets of our cities, people air their complexes and disclose their inhibitions with resolute abandon, while not only the medical, but also the legal profession has benefitted—along with the workman—from the operation of the Workman's Compensation Act. Women have exchanged the wasp waist for the franchise, and got rid of chlorosis and "the vapours" in the process.

The practice of birth control has become fashionable, among those for whom fashion counts, though there are no official facilities for preaching and teaching it to those who need it most. Eugenics, though practised very little more today than in the time of Ancient Greece, is preached by many earnest Societies. Mendel has at least been heard of, and one day soon we may begin consciously to apply the science of genetics to the improvement of the quality of human stock, to the same extent as to our horses, cattle, and household pets. Again, the diabetic, and the patient with pernicious anaemia, can now live long and useful lives with the help of insulin and liver extract—both undreamed of when I started out as a medical student.

So much for the credit side of our balance sheet. What of the other side? A generation ago, the great majority (some four-fifths) of all deaths occurred from the communicable diseases. Today this same overwhelming majority of deaths are attributable to the so-called degenerative, non-communicable diseases. Cardio-vascular diseases now cause more than twice as many deaths as the next highest cause of death, which is Cancer. Pneumonia, nephritis, and accidental deaths now exceed tuberculosis in mortality rates in Canada. And we are faced with the disconcerting paradox that while mankind's expectation of life at birth may have considerably increased, his expectation of life at fifty years and at older age levels appears actually to be somewhat less today than at the time of the American Civil War. What are we public health officials doing about these problems?

If, instead of looking at the causes of death as indices of the state of public health, we turn to the extent and types of disability, there is little comfort to be derived from the findings of two recent surveys conducted in the United States. In one survey, 2 per cent. of persons insured by the Metropolitan Life Insurance Company (necessarily a group in which some process of selec-

tion had operated), or three-quarters of a million policy holders, were estimated to be suffering varying degrees of incapacitation or invalidism from chronic rheumatic, digestive, circulatory, respiratory, nervous, or pervic disorder. As a result of the other survey, it was estimated that up to 12 per cent. of the total population of the State of Massachusetts was suffering disabilities of like nature. What are we, as public health officials, doing to remedy such situations?

A further analysis of some aspects of the foregoing problems might prove profitable. Let us consider cardiovascular disease, for instance, which is now certified as the cause of death of more than one-quarter the total annual deaths in Canada. We all have to die when our hearts stop beating, and since we now live longer, more persons might be expected to die each year from wearing out of the heart and arteries. Yet senility, of which we all have a right to die, was recorded as the cause of death of only 15.4 persons per 100,000 population in Canada in 1936, less than one-sixteenth the number dying in the same year from diseases of the heart and arteries, and from cerebral haemorrhage; while more than one-quarter of these deaths occurred in the age group 40-60 years, which is nowadays far from being regarded as synonymous with senility. In fact life begins, we are told, at forty. Many of us must be eagerly looking forward to the experience.

Endocarditis resulting from acute rheumatic infection probably accounts for 25 per cent. of all deaths from heart disease. Syphilis is responsible for 10-15 per cent. of cardio-vascular deaths, while another 25 per cent. of such deaths are perhaps due to myocardial degeneration resulting from acute alcoholism, goitre, and chronic sepsis, and from such infections as diphtheria and typhoid fever. There remain some 35-40 per cent. of deaths in this category, which are associated with a degenerative hardening of the arteries and with hypertension. Nephritis (resulting, for instance, from scarlet fever or from focal sepsis), diabetes, obesity, dietetic deficiencies — all these make their contribution here. Further, it can hardly be doubted that some proportion of cardio-vascular deaths associated with hypertension are due in part to the stresses and strains of our modern mode of life—to major and minor worries and excitements, from missing the street-car to financial or domestic disaster—against which, as good Anglo-Saxons, we strive to appear imperturbable.

We may then summarize the situation by stating that a great many of the apparently increasing deaths from cardio-vascular disease are a paradoxical consequence of advances made in recent years in our care and treatment of rheumatic fever, syphilis, diphtheria, nephritis and goitre, so that persons may now die in early or late middle age of the delayed effects of these diseases upon the cardio-vascular system, instead of dying at, or soon after, the original attack. In proportion to the success of our efforts at preventing these diseases altogether, we may expect a diminution in the death rate from cardio-vascular disease in this category. Again, that group of cardio-vascular deaths which may be attributed to premature and selective degeneration of tissues of the circulatory system, arising from dietetic excesses or deficiencies, from chronic focal infection, or from other factors, represents — to whatever extent we may learn to prevent these predisposing factors — a group of avoidable, or at least postponable, deaths.

Finally, there are those cardio-vascular deaths which seem primarily due to the accelerated tempo, the emotional traumata, the Mars-Moloch-Mammon worship, of our day. These, it seems to me, can only be expected to diminish as mankind becomes adjusted and reconciled to the new civilization which has so hastily and exhaustingly grown up around us in this past generation. Such comments on mortality rates from heart disease should not conclude without the observation being made that while we may reasonably expect organized public health to bring about, perhaps fairly soon, some diminution in recorded deaths from cardio-vascular disease in the age groups 40-60 years, there is not the slightest likelihood of man attaining physical immortality in the near future. In other words, until senility becomes more popular as a certifiable cause of death, the general mortality rates from cardio-vascular disease may continue to mount, as an expression simply of man's increasing tendency to survive until his hardest-worked organs give out. Let us not be stampeded into further worry by loose interpretations of statistics.

Turning for a moment to cancer, we may well ask ourselves again whether or not the recorded increase in the annual mortality rates from this disease represents an increased susceptibility of human tissues to cancerous degeneration at a given age. The evidence is not yet clear on this point. There seems a definite tendency for an increased relative incidence of cancer of the lungs, the gastro-intestinal tract, and the female breast, which is not wholly explicable in terms of improved diagnostic facilities; while cancer of the skin, and of the buccal cavity, appear to be declining in incidence. But apart from such trends as these, it seems doubtful whether the susceptibility to cancer of the average man or woman of 45 to 60 years is any higher than it was a generation ago. The increased expectation of life, so that more persons are living to the age when their tissues are prone to undergo cancerous degeneration; the steadily-improving control of other causes of death; a medical profession more alert, and equipped with better diagnostic facilities for the detection of cancer; more frequent biopsy specimens, and a higher autopsy rate; and finally, certain regulations relating to the certification of causes of death, whereby cancer, if present, is given priority on the certificate—all these factors may combine to account largely, if not wholly, for recently increases in the recorded mortality rates from cancer.

While the cancer problem is serious enough, nothing is gained by a semi-hysterical approach to it. After all, the condition occurs throughout the animal kingdom. The only fish I ever caught in Canadian waters had a large epithelioma on its tail. Cancerophobia is perhaps as sad a calamity as is cancer itself. We should take comfort in the facts that the public is growing more educated to the importance of early diagnosis of the disease, and that surgery, radium, or X-rays, or a combination of these, can offer a good likelihood of cure in a high proportion of cancers in certain sites, when treatment is early begun. Your chief responsibility as public health officials interested in the control of cancer, must be to educate the public as to what may be the early signs and symptoms of the disease. And I know of no more economical way of spending public funds on cancer control than that which I have persistently advocated in our own Province, that facilities should be provided, under the auspices of the Division of Labora-

tories of the Provincial Board of Health, for the laboratory examination at a nominal fee of biopsy material sent in from suspected cases.

Now a few words about pneumonia, which is exceeded only by cardio-vascular disease and by cancer as a cause of death in North America. It is strange how long we have taken to give due recognition to the high morbidity and mortality rates of pneumonia. Far more deaths are certified each year from pneumonia than from pulmonary tuberculosis, yet our Provincial Board of Health, like most Boards of Health, assigns very considerable sums to tuberculosis control, but spends not one cent specifically upon pneumonia control. Again, although pneumococcal pneumonia is a communicable disease, many hospitals continue to nurse patients with such infections in general wards. Despite recent interest in the chemotherapeutic treatment of pneumococcal pneumonia, it seems likely that specific anti-pneumococcus serum will remain an indispensable factor in the reduction of deaths from this disease. Province-wide facilities for pneumococcus typing, and provision for free distribution of anti-serum for all cases in which the pneumococcus type is known, would seem to be long overdue.

A few comments on violent and accidental deaths would appear to be in order. Deaths in this category surpassed pulmonary tuberculosis as a cause of death in Canada in 1936, while accidents now share with tuberculosis the dubious distinction of being first or second cause of death in certain age groups of the highest economic importance. Accidental deaths, whether they occur in the home, at work, or on the road, are in the last analysis all avoidable deaths. In British Columbia, in 1936, automobile accidents alone were responsible for a mortality rate of 13.5 per 100,000 population; while a total mortality rate of only 9.2 per 100,000 population was recorded in the same year in this Province, from the following diseases combined: measles (2.5), whooping cough (2.3), cerebro-spinal fever (1.2), poliomyelitis (0.9), typhoid fever (0.8), diphtheria (0.7), scarlet fever (0.7), and smallpox (0.1).

Perhaps the time has arrived already for attempting to cure ourselves of a tendency to become preoccupied with counting, in self-congratulatory fashion, the lives we are "saving" by preventive medicine. It has been well said:— "If we save a man from death by tuberculosis, we save him for death by something else. We may postpone death, but what we really *save* is health. That is eminently worth saving, whether life be prolonged or no. Indeed the mere prolongation of life without the conservation of health may well become a disaster, social no less than personal— By 1975, the population 20-44 years of age will have increased by only 6 per cent; but the population 45-64 years of age will have increased by 69 per cent. Unless the generation now in high schools and colleges can be delivered from the invalidisms of middle age they will become an intolerable burden upon the community."

Indeed, the burden of middle-aged invalidism is already a serious enough drain upon the resources of the community. The time is past for narrow public health enthusiasms, for fields of vision no broader than those revealed by a high power microscope objective, no deeper than the bottom of a potentially-polluted well, or concerned with nothing more comprehensive than the health of the child at school. The time has surely come for us to consider in what ways organized public health may

best apply the resources of preventive medicine to reducing the incidence of those chronic degenerative conditions referred to above, by which apparently more than one person in ten may be found incapacitated at any given time in the average North American community.

The inevitable lag between pioneer and practitioner in the conveyance of knowledge, and the imparting of techniques appropriate to a campaign against the chronic degenerative diseases, is being minimized through a changing university curriculum, and by attendance at such conferences as this. But to what extent are you, the practitioners of preventive medicine, reducing the lag between your acquisition of the appropriate knowledge and its effective application to the needs of an eager, anxious, and on the whole co-operative public? I do not propose to dwell upon the argument possibly arising in your minds, that the public is not eager, anxious, or co-operative — that there are a depressing number of conceited anti-vaccinationists, foolish cultists, and irresponsible morons in our midst.

By and large, it is doubtful whether there has been, since the time of Ancient Greece, a greater interest in health for its own sake than is manifest today. Nor is this the occasion for an analysis of the superstitions, the courageous fatalism, almost one might say the affinity for death, of so many of our people; which, superadded to their pathetic self-esteem, their obsession with the doctrine of personal liberty, and their leanings towards the practice of *laissez faire*, make them so difficult to persuade to action in their own interests. Again, we can neither deny nor ignore the fact that the three major obstacles to our achieving the full benefits of a complete programme of preventive medicine are human ignorance and folly, and the poverty so often resulting from these. Admittedly, the fact that, for instance, one-third of United States citizens stand badly in need of medical care, but are quite unable to pay for it, is an appalling example of mal-distribution of essential services; but I find it a scarcely less appalling fact that one-third of the automobiles in the United States should be operated by persons earning less than twenty dollars weekly.

No doubt human failings such as these hamper our efforts at every turn; and public health officials cannot hope, in one generation, or even in one century, to enlighten ignorance, to absolve from the fruits of folly, and to assuage the burden of poverty. But the cry is mounting, from an increasing number of the articulate, for us to make the attempt, at least insofar as health is at stake. We doctors and nurses who are employed by the State to serve the interests of public health should have responded earlier to this cry.

We have already missed many opportunities. School children are now taught health by teachers who are themselves uninstructed in this field. Physical recreationists are springing up to divert into dancing, games, and physical exercises, the vigour of the young, and even of the middle-aged—an excellent arrangement; and to preach, in many instances, that good food, sound sleep, and vigorous exercise, will ensure abounding health to all — a dangerous fallacy. Social service workers, dieticians, and visiting housekeepers, have become organized to help cope with the consequences of the fact that, although health is purchasable, those who most need this commodity have not the means to purchase it. The services rendered by these groups were, and still are, necessary. Many fine men and women — intelli-

gent, keen, and sympathetic, — are serving their communities in these various ways. But none of these groups fulfils a function for which you, with some additions to your basic public health training, would not have been better equipped. How long are you to continue preoccupying yourselves almost exclusively with the health of the school child — undeniably wonderful though this privilege may be? And can you not make an end to these unseemly wranglings over whether a specialized or a generalized public health nursing programme is preferable? After all, this matter was thoroughly threshed out 15 years ago in the United States. Again, the question of the overlapping functional territories of the public health nurse and the social service worker, which exercises you so much, will not be settled by any general statement covering all contingencies in 15 years from now. And in order to solicit public support for our own particular field of interest, is it necessary that we should in turn proclaim, for instance, that tuberculosis, or venereal disease, or the provision of adequate laboratory facilities, represents the chief problem in public health today? If such claims are confusing to us, especially when considered in conjunction with what we have just said about cardio-vascular disease, cancer, pneumonia, and accidental deaths, it can hardly be doubted that the public must be doubly confused thereby.

If there be any paramount problem before us, it would seem to be that of persuading public health workers to view public health as a whole, in all its proper relationships, and not from standpoints of personal predilection, or of prophylaxis against extinction.

Finally, I would point out that further big advances in public health must depend, as always, upon continuing research in the laboratory and in the field, and upon carefully-selected personnel, as well as upon efficiently-organized and adequately-financed public health services. There is no dearth of the fruits of research: in fact there is a surplus awaiting absorption and application.

In closing, I want to express the special hope that you will all be patrons of the arts and crafts in your various communities, and adepts at one or more of them—devotees of the abundant life. Most of all, I hope you will not be discouraged by delays and difficulties. Remember what has been accomplished already. Remember Samuel Bennett and Seth Alden, and the lag.

AWARD OF MERIT

For the first time in its history, at the recent Congress in Toronto, the American Hospital Association made an Award of Merit to a person who had "done the most to advance hospital welfare in the United States and Canada." That person could be none other than Dr. Malcolm T. MacEachern, director of the hospital activities of the American College of Surgeons and President of the International Hospital Association. Throughout his entire career, Dr MacEachern has devoted his unusual capacity for organization and administration to increasing the usefulness and efficiency of hospitals, and to promoting their interests in the community at large.

THE EDITOR'S DESK

Duty and Privilege

The overseas mail which brings us *The British Journal of Nursing* is always eagerly awaited and though the September issue was delayed in transit it was doubly welcome when it finally arrived.

In its leading article the editor, Mrs. Bedford Fenwick, quoted the entire text of the King's Message to his people at home and overseas. It is indeed significant that the President of the Canadian Nurses Association, Miss Grace M. Fairley, should have turned to the same source of inspiration when preparing the message which appeared in the October issue of *The Canadian Nurse*. No more striking proof could be given that the nurses of the British Commonwealth of Nations stand ready to accept the duty and the privilege which are theirs, by virtue of the nature of their calling.

Flying with the T.C.A.

Every evening, at the appointed time, the great "ship" of Trans-Canada Airlines takes off for its epic flight from Montreal to Vancouver. As it roars through the sky, the people in the streets look up for a moment at the red and green lights at the tips of the wings and watch them as they disappear over Mount Royal, like twin meteors.

The plane goes right over our house, and on clear nights we can see the lighted windows of the cabin in which a Canadian registered nurse is on duty in her capacity as a member of the crew. It made us so proud to think of this that we asked Mr. Robert Ayre, of the publicity department of Trans-Canada Airlines, whether he would prepare an article for the *Journal* describing the work of these young nurses. His response was most cordial and in this issue we proudly present "Flying with the T.C.A."

Nursing—and the Lag!

Every now and then an article comes along which is so thoroughly provocative and stimulating that it rejoices the editorial heart. "Samuel Bennett, Seth Alden—and the Lag" definitely belongs in this category, and whether you entirely agree with him or not, the fact remains that Dr. Dolman has given us something to think about. In addition to a masterly analysis of the present state of public health in general, Dr. Dolman challenges our complacency by suggesting that most nurses are blissfully unaware of the "time-lag" which exists between "the acquisition of appropriate knowledge and its effective application." He tells us quite plainly that, while we wrangle about non-essentials, we have allowed other workers to assume functions for which nurses might have qualified themselves. And if we are honest with ourselves, we must admit that this statement applies in other fields of nursing practice than that of public health.

Dr. Dolman is far from being an unkind critic and it is quite apparent that he has a sincere respect for nursing and for nurses. But he thinks it is time that we remembered "Samuel Bennett, Seth Alden, and the Lag."

A Dual Responsibility

Elsewhere in this issue, under the caption of the Victorian Order of Nurses for Canada, it is officially announced that Miss Winnifred Dawson is acting temporarily in the dual capacity of Provincial Supervisor associated with the Department of Public Health Nursing and as supervisor of the Victorian Order of Nurses in the Province of New Brunswick. Miss Dawson is a graduate of the School of Nursing of the Winnipeg General Hospital and has also taken the course in public health nursing offered by the School of Nursing of the University of Toronto. Upon her return from military nursing service overseas, she joined the staff of the public health nursing service of the city of Toronto. In 1925 she was offered an appointment as supervisor of a public health nursing demonstration centre, established in Rio de Janeiro, Brazil, under the auspices of the Rockefeller Foundation. This experience, which lasted for three years, proved most stimulating from a professional point of view and also afforded Miss Dawson an opportunity of indulging in her favorite sport of mountain climbing. She can proudly claim to have made the ascent of "Itatiaya" — the highest mountain in Brazil.

In 1928 Miss Dawson returned to Canada and rejoined the Toronto public health nursing service. In 1930 she became Eastern Supervisor of the Victorian Order of Nurses for Canada, a position which she held until she assumed the dual responsibilities mentioned above. Miss Dawson will find full scope for her powers in a new task which offers such exceptional opportunities to a woman of her outstanding ability and broad experience.

VICTORIAN ORDER OF NURSES FOR CANADA

The following are the staff appointments to and resignations from the Victorian Order of Nurses for Canada:

Miss Winnifred Dawson, Maritime Supervisor of the Victorian Order of Nurses for Canada, has been released from her duties in Nova Scotia and is temporarily acting in the dual capacity of Provincial Supervisor associated wtih the Department of Public Health Nursing and as Supervisor of the Victorian Order of Nurses for Canada in the Province of New Brunswick.

Miss Electa MacLennan has been granted leave of absence from the Montreal staff and is acting as Supervisor of the Victorian Order of Nurses for Canada in the Province of Nova Scotia.

Miss Harriet Broad, *Miss Jean Axford* and *Miss Elsie Carter*, graduates of this year's class in the Course in Public Health Nursing, University of Western Ontario, have been appointed to the York Township, Kingston and Kirkland Lake Branches, respectively.

Miss Jean Scrimgeour, graduate of the Public Health Nursing Course, University of Toronto, has been admitted to the North York Branch.

Miss Eva Annette Martin, formerly in charge of the Branch at Carleton Place, has been admitted to the Hamilton staff.

Miss Claire Rochez, who has been on leave of absence from the Victorian Order of Nurses for Canada, has returned to the Order and on October 1 took charge of the Ste. Anne de Bellevue Branch replacing *Miss Gareau*, who has been transferred to the Montreal Branch.

Miss Phyllis Boden has resigned from the Kirkland Lake Branch and is on leave of absence from the Victorian Order of Nurses for Canada. Miss Boden resigned to take postgraduate work.

STUDENT NURSES PAGE

Helping Reta to Get Well

ELNA K. NIELSEN
Student Nurse
The Hospital for Sick Children, Toronto

A sturdy, fair-haired child of five years of age, Reta, was admitted to hospital in February, 1936. Nine months previously she had been burned severely about the lower face, neck, arms, abdomen and chest. The burn had healed slowly with the formation of a dense cicatrix which had contracted progressively and distorted and marred the young child's body. She had lost the use of her arms because they were bound by their upper parts to her body so that she could not abduct them more than forty-five degrees. The left arm was flexed at the elbow. Her neck was practically non-existent for a thick sheet of scar tissue extended from her chin to the lower abdomen and her lower lip was turned completely inside out.

The tremendous task of the plastic surgeon was to restore the use of the arms, to release the lower lip and anterior part of the neck, and to attempt what practically amounted to the formation of a chin. There seems to have been ample justification for the series of fourteen operations, because they have relieved physical deformity to a great extent and have aided Reta in gaining self-confidence, and will prevent her from becoming introspective regarding the great scarring with its resulting disfigurement.

It will be impossible to describe each operation. Mainly, a combination of Ollier-Thiersch grafts and z-shaped plastic operations were employed. Z-shaped incisions were made near the axilla to release her arms thus allowing them to be drawn away from the chest wall. The skin flaps were arranged to best advantage and the remaining denuded area covered with a Thiersch graft taken from the anterior flank. In this instance, when a position of abduction was to be maintained, the arm and shoulder were encased in light plaster. Variations of the procedure just described were carried out elsewhere on places where more freedom of movement was required, as at the elbow and the neck. Areas disfigured by scar tissue were excised sharply by dissection and re-covered with a Thiersch graft. Owing to the extent of the burns, the surgeon was continually hampered in his work by having to take small pieces of skin from wherever available.

Following each operation, came the period of recovery in which the nurse played the most important part. It was her duty to care for the delicate work the surgeon had performed by carrying out his instructions and reporting any departure from the desired effect. The nursing care involved three main points:

First, the promotion of healing with the minimum of infection by employing strict aseptic technique in dressings and by insuring immobilization of parts where movement might hinder or prolong healing.

Secondly, it was imperative that Reta's general physical condition be kept as fit as nursing care could make it by special attention to diet, elimination and rest. Her diet varied from the post-operative fluids in large quantities to a full diet as convalescence progressed. Supervision at mealtime was required to make certain that she received sufficient nourishment and frequently her position necessitated her being fed. She was given two drams of cod liver oil three times daily and a compound containing iron when her blood haemoglobin fell below the normal. During the winter she spent a few minutes each day under an ultra-violet lamp to build up her resistance and to promote healing.

BEFORE TREATMENT

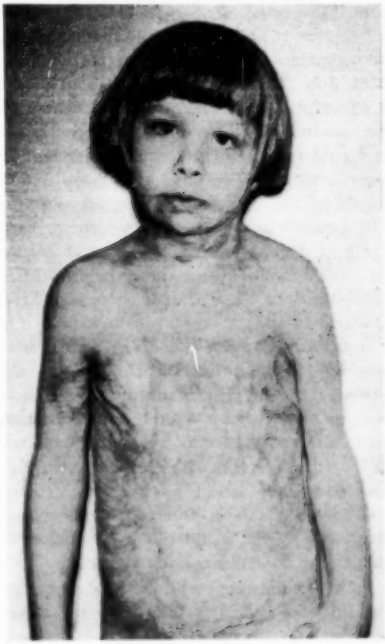
The daily bath so necessary to Reta's health and well-being was given with special attention to bony prominences and, areas where the weight of the cast might irritate were inspected for signs of pressure or interference with circulation. She was made comfortable with pillows, where required, to relieve weight or strain. Reta herself directed the placing of these and did it very well.

Thirdly, and undoubtedly the most important point of all was to safeguard Reta's mental health. She had a happy and attractive nature and it would have been a pity indeed had ministrations resulted in improving her physical condition to the detriment of her mental state. It was inevitable that she should suffer and was sometimes in great pain during her stay in hospital. It was here that the nurse could be of greatest help if by her sympathy and gentle handling she could win the child's co-operation and trust. When the painful dressings were over Reta's mind was diverted from her condition by books and games and after her wounds had healed sufficiently she was allowed to be up and about the ward. She had a natural interest in the other children and played

well with them, with a child's happy forgetfulness of past suffering.

The surgeon's work and the nurse's care were repaid with gratifying results. The grafts healed well for the most part, although following two operations there was considerable suppuration. Reta is now in excellent physical and mental condition. She has full use of her arms and flexion of her neck, her lip is in normal position and her chin well formed. There yet remains something to be done to further repair the ravages of the burn. This task will go on for some years and it is the hope and belief of Reta's friends in hospital that she will one day be as nearly like others as a surgeon's skill and nursing care can make her.

It is impossible for a nurse to care for a patient such as this or for any of the many burned patients who are admitted to hospital without realizing the great need for preventive teaching in this respect. In the majority of cases it is a moment's carelessness on the part of an adult because of which a child spends long months in pain and perhaps becomes permanently disfigured. It is preventable and we who best know the unforgettable results should be the first to teach and warn the guardians of the young.



After Treatment

A BELOVED SUPERINTENDENT

Hattie M. Sabine

An event of much interest to graduates and friends of the Hamilton General Hospital Training School was the reception held on October 3, at which Dr. and Mrs. Langrill were guests of honour of the Alumnae Association. After thirty-five years in the capacity of Hospital Superintendent, Dr. W. T. Langrill is retiring from active service, and this was one of many affairs recently given in his honour. The senior nurses' residence, bright with a profusion of autumn flowers and foliage, was thronged with graduates of many years, all of whom had received their training under Dr. Langrill's kindly superintendency. Receiving with Miss Irene Mayall, president of the Alumnae, was Miss Constance Brewster, superintendent of nurses and

principal of the School of Nursing. After a happy hour of greetings and reminiscences, all assembled in the reception room where Mrs. John Stephen, a graduate of 1909, in a graceful speech told of the affection of the nurses for the retiring superintendent and paid tribute to his unfailing interest in their health and welfare. Mrs. Stephen, on behalf of the Association, then presented to Dr. Langrill a moving-picture camera, with the hope that in his coming years of leisure he might cultivate a new hobby. Miss Dilpon, of the class of 1935, presented Mrs. Langrill with red roses in token of the continued admiration and love of all graduates of Hamilton General Hospital. In replying, Dr. Langrill thanked the Alumnae for the gift chosen—surely an indication that, although retiring, he is not expected "to occupy an easy chair on the verandah and watch the world go by." He assured the nurses that his interest in them and their affairs and in all things pertaining to the Hospital would continue.

In a reminiscent vein, he told some of the little-known, early history of the flourishing institution of which he has been the head. In 1852 it had its humble beginning in a group of huts built to house immigrants suffering with typhus fever. Even in 1905, when Dr. Langrill became superintendent, the buildings were inadequate and the equipment meagre. Some of the contrast with the present-day conditions were almost unbelievable but then, as now, the care and comfort of the patient was always the first consideration. Dr. Langrill paid tribute to the women who have always been at the head of our School—Miss Bowman, Mrs. House, Miss Madden, Miss Fairley, Miss Rayside and Miss Brewster—all women of outstanding ability and of broad vision to whom the nursing profession owes much.

Supper was served in the classroom, beautifully decorated for the occasion, and presiding at the charmingly appointed table were Mrs. D. G. McIlwraith (1902), Mrs. Lannin (1914), and Mrs. Silverwood (1913), who had come from London for the occasion and was warmly welcomed by many friends.

ONTARIO PROVINCIAL PUBLIC HEALTH NURSING SERVICE

Miss Alice G. Stafford (Hamilton General Hospital and University of Toronto Public Health Nursing Course) has accepted the position of public health nurse for the town of Dundas.

Miss Mary Schaffter (Birkenhead General Hospital and University of Toronto Public Health Nursing Course) has resigned as public health nurse at Wallaceburg and accepted a position with the Sudbury Board of Health where she will succeed Miss Antoinette Chevrefils, who for several years has been the social service nurse for the venereal disease clinic. Miss Schaffter will develop a tuberculosis nursing programme also.

Miss Alpha Marchand (St. Michael's Hospital and University of Toronto Public Health Nursing Course) has been appointed public health nurse at Penetanguishene.

Miss Rossie Densmore (Plummer Memorial Hospital, Special Course, University of Michigan) has succeeded Miss Gertrude Way as social service nurse for the venereal disease clinic at Sault Ste. Marie. Tuberculosis nursing will be included in Miss Densmore's programme.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

Executive Committee Meeting

The Executive Committee of the Canadian Nurses Association held a meeting in Vancouver on September 16, 1939. Those present were Miss G. M. Fairley, President; Misses A. Cavers, M. Duffield, C. T. Motherwell, M. Teulon and Kathleen Sanderson, of Vancouver, and Miss Agnes Macleod (Chairman of the Nursing Education Section) of Edmonton.

General Meeting in 1940

The question of holding the General Meeting as scheduled for June 24-29, 1940, was discussed. It was recommended that plans for that meeting should be continued and the question again reviewed at the next Executive Meeting if the international situation so indicates. The unanimous opinion of the members present was that during the present period in the Dominion's history every effort should be made to maintain all educational standards and for this reason, if at all possible, the General Meeting should be held as arranged.

Special Committees

The National Committee on Education reported further study of the Curriculum with the purpose of expansion and enrichment of certain sections.

The Committee on Eight-hour Duty for Nurses questioned its continuance in view of a probable shortage of nurses later on and difficulty in maintaining the shorter hours of service. It was felt the Committee should remain active so that the excellent ground gained in several provinces should not be lost and that when opportunity arises in any province to establish better working conditions, every effort should be made to do so.

The report on *Health Insurance and Nursing Service* noted that "greater activity in the development of hospital benefit and insurance schemes seems to be superseding actual health insurance interests".

The Exchange of Nurses Committee reported that well developed negotiations for an exchange for two Canadian nurses with two in New Zealand have been postponed for a year, at least.

It was decided that the canvassing of funds by the *Florence Nightingale Memorial Committee* should be deferred until a definite announcement concerning the Florence Nightingale International Foundation had been received. (Since the Executive meeting, word has arrived that the International Courses have been discontinued indefinitely and International House closed.) The C.N.A. Scholarship student had been advised by cable that she is free to ask for post-graduate experience elsewhere.

In her report, the secretary of the *National Joint Committee on Enrolment of Nurses for Emergency Service* stated that "in view of the present

emergency I think it is well to recall the resolution passed at the biennial meeting of the C.N.A. in Halifax in 1938, providing for complete solidarity of the Canadian Red Cross Society." The resolution referred to is:

That in order to sustain the entity of the National Joint Committee on Enrolment of Nurses for Emergency Service, appointments of representatives be made for a period of two years, this period to begin at the time of the General Meeting of the Canadian Nurses Association, 1938, and that the chairman and secretary be appointed by the Committee alternately from the representatives of each organisation.

Sections

An early conference is planned between the chairman of the *Nursing Education Section* and the convener of the *Committee on Eight-hour Duty for Nurses* as a means toward development of the educational programme for the current year.

The report from the *Public Health Section* noted "that whereas in 1914, approximately one-third of our Empire's man power were found to be physically unfit, figures recently released in Britain demonstrate that public health practices have reduced that figure to less than 15 per cent."

Pageant of Nursing

A most excellent report on the preparations of the Pageant of Nursing was submitted to the Executive and appreciation expressed to District 5, Registered Nurses Association of Ontario, for the tremendous effort put into preparation of the Pageant. (Due to cancellation of the Congress of the International Hospital Association, the Pageant was not presented as planned, much to the great regret of the C.N.A.)

Florence Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Alberta:

Graduate Nurses Association, Lethbridge	$10.00

Manitoba:

Nursing Staff, Children's Hospital, Winnipeg	5.50
Nursing Staff, Portage la Prairie Hospital, Portage la Prairie	2.60
Private Duty Nurses	.25

Ontario:

Staff and Students, Brockville General Hospital, Brockville	10.00

FLORENCE NIGHTINGALE INTERNATIONAL FOUNDATION

The Canadian Florence Nightingale Memorial Committee have been advised of the action taken by the Committee of Management of the Florence Nightingale International Foundation following the outbreak of war. The following action was taken:

1. The International Nursing Courses 1939-40 have been cancelled.
2. Those students already in England have been assisted to return home.
3. Those students remaining in the country have accepted temporary positions on the staffs of hospitals

out of London and will return to their own countries as soon as possible.

4. Money received in advance on behalf of the 1939-40 students is being held to the account of bodies from whom it was received.
5. The house at 15 Manchester Square has been closed and the furniture has been packed and warehoused.
6. All the staff have been temporarily released.
7. The archives of the Foundation, i.e., one complete record of all minutes and reports, copies of the constitution and by-laws, copies of curriculum, lists of addresses, account books, and all records of financial transactions together with a record of the Minutes of the Old Internationals Association, have been placed in a strong box and deposited safely.
8. A skeleton Committee consisting of Mrs. Carter, chairman; Mr. High Wycombe; the Hon. Sir Arthur Stanley, treasurer; and Miss Olive Baggallay, secretary, has been formed to act for the Committee of Management during the war or until such time as the Foundation can re-open.
9. The Current Account at the bank has been closed as from September 30, 1939, and an audit has been taken.

   A copy of the audited accounts March 31st — September 30th, 1939, will be circulated later.
10. The Trustees of the Foundation have undertaken to pay any standing charges such as ground rent and insurance during the period.

The above information is taken from a letter dated September 27, 1939, and signed by Mrs. Maynard Carter, chairman, and Miss Olive Baggallay, secretary, of the F.N.I.F. The concluding paragraphs of that letter are quoted:

The Committee hope that this action will meet with your approval and would like to take this opportunity of thanking you for your support and interest in the work.

They are confident that the affairs of the Foundation have been so arranged that it can be brought into active work again, when times allow, with the least possible loss of efficiency.

It is with the greatest regret that we have to make this final report of the cessation of work that is not only of the greatest importance to nursing as a whole but is also a contribution to world understanding and international friendship.

Miss Mary Henderson, the Canadian Nurses Association Scholarship Student who enrolled for the International Course 1939-40, returned to Canada on October 15. On discontinuance of the course Miss Henderson was sent to Addenbrooke's Hospital, Cambridge, and later was advised by Foundation authorities to return to Canada. Miss Henderson will continue her studies in Public Health Nursing at the School of Nursing, University of Toronto.

Miss Vera L. Armstrong, Scholarship Student from New Zealand, accompanied Miss Henderson to Canada. Miss Armstrong, who is Assistant Matron, Wellington Public Hospital, had enrolled for the Course for Administrators and Teachers in Schools of Nursing. While awaiting the first sailing by which she can leave for New Zealand (November 22) Miss Armstrong is spending the intervening weeks in observation in Canadian hospitals and schools of nursing.

Miss Laura Lambe, of Toronto, who had enrolled for the Administrators and Teachers in Schools of Nursing Course, is at The Infirmary, Cambridge, for the present. Miss Lambe's mother who accompanied her daughter to London returned with Miss Henderson and Miss Armstrong.

BOOK REVIEWS

PROFESSIONAL ADJUSTMENTS IN NURSING, by EUGENIA KENNEDY SPALDING, M.A., R.N., Instructor, School of Nursing Education, Catholic University of America, Washington, D. C.; Assistant Instructor, Department of Nursing Education, Teachers College, Columbia University, New York, 1932-1934. Published by the J. B. Lippincott Company, Canadian office: 512 Medical Arts Building, Montreal. 422 pages and index. Illustrated. Price, $3.00.

The need for personal and professional guidance of students in schools of nursing is a constant curriculum problem. To assist the senior student with her approaching problems of professional adjustment as she enters the nursing field, the author has succeeded in assembling a wide range of useful information relating to trends, opportunities, organizations, professional procedures and adjustments in nursing. This book should prove of value also to graduate nurses in any field of nursing by making them better informed in relation to many professional matters.

The author's interest in vocational guidance over a long period of time, as applied to schools of nursing, and her participation in the construction of the course entitled "Professional Adjustments" in the Curriculum Guide of the National League of Nursing Education, have stimulated the writing of this useful source book. The book is a reflection of much thought and experience. The material is arranged under particular units or sections. While several topics, including statistics, charts, etc., relate specifically to nursing situations in the United States, such as the American Nurses Association, the National League of Nursing Education, and the American Red Cross, other sections deal with situations of a more general nature. Examples of this kind are, "The Alumnae Association;" "International Nursing Relationships;" "Public Relations in Nursing;" "Nursing and Related Legislation."

Under a topic entitled "Education and Professional Growth," the author refers to "Catholicism in Education," and utilizes a chart in which religious education forms the central pivot. In view of the fact that the religious philosophy of any group has a bearing upon ethical standards of personal and professional conduct, this particular section will be of interest to other groups who are also concerned with harmonizing spiritual and professional ideals, whether they are provided for within the professional curriculum or through other avenues or agencies.

This book should serve as a very useful library reference in schools of nursing for both students and teachers.

MARION LINDEBURGH,

Director: School for Graduate Nurses, McGill University.

THE PRINCIPLES AND PRACTICE OF NURSING, by BERTHA HARMER, R.N., A.M., late Director of the School for Graduate Nurses, McGill University, Montreal; and VIRGINIA HENDERSON, R.N., A.M., Instructor in Nursing Education, Teachers College, Columbia University, New York City. Fourth edition, revised and reset. 973 pages, with appendix and index. 100 new illustrations. Published by The Macmillan Company of Canada, 70 Bond St., Toronto. Price, $3.00.

In 1934, when the third edition of this book appeared, the present reviewer commented upon it as follows: "No other nursing text compares with it in comprehensiveness and sound scientific thinking. The essential philosophy of the book remains what it has always been and is based on a conception of nursing as a field of service and a personal growth, the student sharing in responsibility for both. Emphasis on the preventive aspects of nursing is consistently

maintained throughout and there is reflected in every chapter that deep and sympathetic understanding of the patients' needs which makes nursing an art as well as a science." No higher praise could be given to the new edition of this book than to say that this appraisal still stands. Miss Henderson set herself a most difficult task and she has attained a high degree of success. In spite of the drastic revision which was necessary from a technical standpoint, she has (to use her own words) "preserved its spirit and general characteristics". The memory of Bertha Harmer is held in honour in her native Canada and it is gratifying to find that her keen and original thinking still dominates the book which bears her name.

It is only fair to admit, however, that its value has been substantially increased. New chapters have been written; modern techniques described; the general arrangement has been changed to conform with the recommendations of the Basic Nursing Curriculum as authorized by the National League of Nursing Education for use in the United States. As a result of this reorganization the book now has five parts: nursing and community health service; fundamentals of nursing care; assisting with diagnostic procedures; assisting the physician with therapeutic measures; introduction to medical and surgical nursing.

This arrangement of subject matter may require the instructor to select chapters from various parts and to present them parallel with one another, but we agree with Miss Henderson that Part One, which is an orientation to nursing and health work, should be studied first. By so doing, the student is encouraged to look beyond the narrow environment of the hospital toward the wider horizon of the world beyond its walls. More and better illustrations have been provided and the format has been modified so as to confine the book to a manageable size and weight. The obvious drawback to a book of this kind is that technical procedures change so rapidly that detailed descriptions of them may become obsolete before they appear in print. Nevertheless, the underlying principles upon which they are based remain the same and the value of this book lies in the clarity and soundness with which these are set down. In this connection, Chapter Four deserves special mention because it contains an admirable plan of care which is sufficiently comprehensive to touch upon all the needs of the patient and to suggest how they may be met. An excellent outline of the nurse's responsibility for health teaching will be found in Chapter Seventeen.

—E. J.

NURSING PROCEDURES, a pamphlet published by the School of Nursing of St. Joseph's Hospital, Hamilton, Ont.

This pamphlet gives clear and concise directions concerning basic nursing procedures, each being discussed under the headings of purpose, equipment, method, special points, necessary precautions. There is much to be said for a simplified text of this kind. It is capable of expansion by means of classes and demonstrations and, being relatively inexpensive, can be revised without undue expense. This pamphlet bears on every page the imprint of two exceptionally well qualified teachers of the nursing art — Sister M. Monica and Sister Mary Grace.

A TEXTBOOK OF OBSTETRICS (with special reference to nursing care), by CHARLES B. REED, M.D., F.A.C.S., associate professor of obstetrics, Northwestern University Medical School, head of obstetrical department, Wesley Memorial Hospital; *and* BESS I. COOLEY, R.N., supervisor and instructor, Department of Obstetrics, Wesley Memorial Hospital, Chicago. First Edition. 476 pages. 209 illustrations. Published by the C. V. Mosby Company; Canadian Agents: McAinsh & Co. Limited, Toronto. Price $3.00.

The aim of the authors of this book may best be stated in their own words: "In this book we have tried to put in concise and uncomplicated form the present-day attitude toward obstetrics as an art and as a science. Such a plan means that the nurse should have not only a basic knowledge of her own highly important duties but also a reasonable comprehension of what the

doctor is aiming to accomplish so that she can furnish practical assistance in routine procedures and be prepared as well for emergencies." The authors point out that the nurse must acquire a general understanding of obstetrics "without that knowledge of the basic sciences which is presented in a purely medical course." The first two chapters are therefore devoted to a review of anatomy, physiology and embryology which are clear, concise, and admirably illustrated. Succeeding chapters deal with normal pregnancy and with various aspects of pre-natal and post-natal care. When discussing the management of labour, the authors strongly recommend that patients shall be hospitalized wherever possible. The various technical procedures and methods of meeting emergencies are dealt with in a clear and comprehensive manner. No mention, however, is made of the important role of the visiting nurse in the field of obstetrics. The book is well printed on good paper and in its general typography and arrangement contrasts agreeably with the cluttered pages of many nursing texts.

APPOINTMENTS

The Reverend Sister Mary Grace, R.G., has been appointed Superintendent of Nurses at St. Mary's Hospital, Kitchener. Sister Mary Grace graduated from St. Joseph's School of Nursing, Hamilton, in 1934, and for two years was surgical supervisor. In 1936 she was sent to the School of Nursing of St. Joseph's Hospital, Hamilton, as instructress. Sister Mary Grace has availed herself of every opportunity to keep in step with the progress of nursing education, and previous to entering the community of the Sisters of St. Joseph visited many of the places in Europe which are intimately associated with the history of our profession. Her pupils and many friends will wish her every success in her new and responsible task.

Miss Victoria Belier has been appointed superintendent of nurses in the Strathcona Hospital, Ottawa. Miss Belier is a graduate of the School of Nursing of the Ottawa General Hospital and for some years has been a member of the nursing staff of the Strathcona Hospital. She recently undertook post-graduate study in New York which gave her an opportunity of observing the latest methods in the nursing care of communicable disease and also of taking special courses in teaching principles and methods.

Miss Katharine MacLennan, has been appointed supervisor of nursing at the Provincial Sanitorium, Charlottetown, P. E. I. The Provincial Department of Public Health is housed in the same building as the Sanitorium, and is carrying on an energetic campaign for the control and prevention of tuberculosis.

A native of Prince Edward Island, Miss MacLennan received her early education at Prince of Wales College, Charlottetown, and later obtained her B.A. degree from McGill University. She is a graduate of the School of Nursing of the Royal Victoria Hospital, Montreal, and also holds the certificate for teaching given by the McGill School for Graduate Nurses. Prior to her recent appointment, Miss MacLennan served as instructor and assistant superintendent of nurses at the Alexandra Hospital, Montreal, and the experience in the nursing care of communicable disease thus acquired will surely prove most valuable to her in her new work. She has taken an active part in committee work and has held office in various organizations including the Association of Registered Nurses of the Province of Quebec and the Alumnae Association of the McGill School for Graduate Nurses. Although they are sorry to lose her as a colleague, her many friends in Montreal wish her every success in the work she has undertaken in her native Province.

A Tragic Loss

As the result of the sinking of the *S.S. Athenia*, a number of valuable lives were lost including that of Ina Duncan who was on her way home when she became the victim of this cowardly and cruel submarine attack upon a defenceless ship and its innocent passengers.

Miss Duncan received her education at the Salisbury Superior School and then entered the School of Nursing of the Moncton City Hospital, graduating with the class of 1931. The following year she was appointed to the staff of the Saint John Tuberculosis Hospital at East Saint John, N. B., and held this position until early in 1939, when she was given leave of absence in order to undertake post-graduate study in Great Britain. For three months she was a member of the nursing staff of the Papworth Village Hospital, near Cambridge, and then undertook further study in London.

The news of her death came as a severe shock not only to her family and friends, but also to all with whom she had been associated in her work. The members of the Saint John Chapter of the New Brunswick Association of Registered Nurses have expressed their sincere sympathy with Miss Duncan's relatives and their sorrow that so promising a career should have come to such a tragic and untimely end.

INA DUNCAN

OBITUARIES

HELEN ELLERINGTON died on August 7, 1939. Miss Ellerington was a graduate of the School of Nursing of the Winnipeg General Hospital and a member of the Class of 1910. For more than twenty years she was employed by the T. Eaton Company in Winnipeg. Her kindly and efficient service was rewarded with the trust and affection of the members of the staff and she was beloved by a host of friends for her womanly qualities.

VIOLET ISOBEL FLETCHER died after a long illness, on August 19, 1939, at the Royal Jubilee Hospital, Victoria. Miss Fletcher was a graduate of the School of Nursing of St. Joseph's Hospital, Victoria, and a member of the Class of 1931.

NEWS NOTES

ALBERTA

EDMONTON:

The regular monthly meeting of the Edmonton Association of Graduate Nurses was held recently at the Royal Alexandra Hospital. Miss McLeod presided and there was a goodly attendance of over sixty-five.

It was announced that an eight-hour day for private duty nurses would go into effect immediately with the complete support and co-operation of the four city hospitals. This was a culmination of the summer's work, and a step forward.

Following the business meeting, a social hour was enjoyed, the Junior group of the 1941 class presenting a skit entitled "The day the Probies took charge."

BRITISH COLUMBIA

KELOWNA:

The Graduate Nurses of Kelowna have recently formed a local association. The acting members of the society are as follows: Honourary President, Mrs. M. E. Wilmot, Superintendent of Kelowna General Hospital; president, Mrs. K. Standbridge; vice-president, Mrs. K. Brunette; secretary-treasurer, Miss W. A. Grigg; executive committee, Miss D. McKenzie, Miss A. B. Thompson, Miss M. MacLeod.

VANCOUVER:

The September meeting of the Vancouver Graduate Nurses Association was held recently with the president, Miss Mabel Gray, in the chair. The speaker of the evening was Miss Grace M. Fairley, her subject being the recent International Conference in London. Miss Fairley gave her listeners an intimate glimpse of places she had visited, and people she had met while in London.

The staff of the Metropolitan Health Committee, honouring the memory of their late beloved Supervisor of Nursing Miss Elizabeth Breeze, recently placed her photograph in the office which was hers. This was done with an absence of ceremony and will be an inspiration to those who carry on in her stead. The small brass plate attached, giving the dates during which she served as Supervisor of School Nurses, and as Nursing Supervisor of the Metropolitan Health Committee, is a reminder of her magnificent contribution to the cause of public health during her long years of service.

Married: On September 16, 1939, Miss Margaret Fyvie Helen Young (Vancouver General Hospital) to Dr. Harold Harcourt Heal.

Married: Recently, Miss Aileen Osborne-Smith (St. Joseph's Hospital, Victoria) to Mr. Arthur Gray.

Married: Recently, Miss Muriel Fisher (St. Joseph's Hospital, Victoria) to Mr. Robert Buller.

Married: Recently, Miss Miriam Ryall (Royal Jubilee Hospital, Victoria) to Major W. S. Oliver.

Married: Recently, Mrs. Maisie Gilmour McLean (St. Joseph's Hospital, Victoria) to Mr. William A. Walters.

MANITOBA

BRANDON:

The opening meeting for the season of the Brandon Graduate Nurses Association was held recently with Mrs. D. L. Johnson, the president, in the chair. Fifty graduate nurses were present and during the business session a committee was chosen to attend the Red Cross organization meeting. The social hour was in charge of the General Hospital group and Miss M. Parrott presented the guest speaker, Mrs. Robert Darrach, who discussed "The Role of a Nurse in War Time" as experienced during the years of 1914-18 in France and England. She also gave many suggestions and helpful ideas for nurses in this day of anxiety. Miss Christina McLeod fittingly thanked the speaker for her splendid talk. A social hour concluded the evening.

Married: Recently, Miss Charlotte Kettles to the Rev. D. D. Millar.

WINNIPEG:

Winnipeg General Hospital:

A regular meeting of the Alumnae Association of the School of Nursing of the Winnipeg General Hospital was held on October 4. Dr. E. Adamson was the speaker of the evening.

The regular monthly meeting of the private duty and the nursing education sections are to be combined for the coming year. The four sections are planning on having their first meeting for the fall term at an early date.

DO YOU KNOW YOUR *Vitamins?*

1. What Pharmaceutical house has the most extensive line of Vitamin Products?
2. Who markets over 25 different Vitamin Products?
3. Who makes a 5-mg. tablet of Vitamin B_1 (Thiamin Chloride) equal in potency to over 93 yeast tablets containing 16 International B_1 units?
4. Who makes Navitol—a Vitamin A and D preparation as rich in these vitamins as halibut liver oil with Viosterol and costing only half as much?
5. Who makes the product containing Vitamins A, B_1, D, and G as well as Viophate-D and liver extract (Navitol Malt Compound)?
6. Adex Tablets is the trade name for what manufacturer's Vitamin A and D tablet?
7. Whose vitamin line includes products supplying Vitamins A, B_1, C, D, E, and G (B_2)?
8. What Biological Laboratory tests and standardizes each lot of its entire line of Vitamin Products?
9. Who makes Viophate-D with Viosterol—the first product to supply calcium, phosphorus, and Vitamin D in therapeutically effective quantities?
10. Whose fish liver oils are prepared under special patented processes which include treatment with carbon dioxide to exclude the air?

If you know your vitamins you know the answer to all these questions is

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NEW BRUNSWICK

MONCTON:

The regular monthly meeting of the Moncton Chapter of the N.B.A.R.N., was held recently with the president, Miss Emma Honeywell, presiding.

It was a great shock to Moncton nurses to learn of the tragic death of Miss Ina Duncan who lost her life in the sinking of the *Athenia*. It has been learned that through her unselfish efforts in assisting others to safety she lost her own life. Miss Duncan was a valued graduate of Moncton Hospital.

About fifty nurses met at the home of Richard Fillnoir recently, where Miss Tillith Read was the guest of honor. Miss Read was presented with numerous gifts, after which refreshments were served.

Married: Recently, Miss Tillith Read (Moncton Hospital) to Mr. James Peacock.

SAINT JOHN:

The Saint John Chapter of the New Brunswick Association of Registered Nurses recently held the first meeting of the season at the Saint John General Hospital with the president, Miss Margaret Murdock, in the chair. This meeting was called for the purpose of considering emergency services the nurses might render. They have volunteered for first-aid stations and to help the Red Cross in making dressings. It was also decided to knit socks and make pyjamas for the soldiers.

A minute of silence was observed at the beginning of the meeting in memory of Miss Ina Duncan, a member of the Association who lost her life in the sinking of the *S. S. Athenia*.

At the formal opening of the new surgical wing of the Saint John Tuberculosis Hospital, East Saint John, Mr. A. J. Nesbitt of Montreal, donor of the Children's Wing, was the chief guest. After the reception which was held on the lawn the main building as well as the wings and beautiful gardens were inspected by the guests.

Married: Recently, Miss Marjorie White (Saint John General Hospital, 1933) to Mr. Roy Fryers.

Married: Recently, Miss Georgina Welling (Saint John General Hospital, 1933) to Mr. Cyril McWilliams.

Married: Recently, Miss Helen McDormand (Saint John General Hospital, 1929) to Mr. Walter Cunningham.

Married: Recently, Miss Florence Nugent (Saint John General Hospital, 1935) to Mr. John Davidson.

ST. STEPHEN:

At the regular meeting of the Alumnae Association of the Chipman Memorial Hospital, one hundred dollars was voted to be given to the Red Cross Society. Members of the Alumnae Association and of the Local Chapter, N.B.A.R.N., under the convenership of Miss Jessie Murray, V.O.N., volunteered to teach classes in Home Nursing organized by the Red Cross Society. Groups of nurses are also working with the public in preparing emergency relief supplies and soldiers' comforts.

Miss Anita Grimmer is the winner of the Alumnae award of ten dollars for the student leading the graduating class.

Mrs. Charles Anderson, anaesthetist of C.M.H., has returned from Toronto, where she attended a convention.

Married: Recently, Miss Jennie Sinclair to Mr. Charles Anderson.

Married: Recently, Miss Ruth Caldwell to Mr. Charles Ferguson.

Married: Recently, Miss Bella Marie Green to Mr. Julius Ingersoll.

Married: Recently, Miss Eva Martin to Mr. George Perks.

Married: Recently, Miss Madeline McAlpine to Mr. Merle Gibson.

NOVA SCOTIA

AMHERST:

Two prizes of ten dollars each were given by the Cumberland Branch of the Registered Nurses Association of Nova Scotia to the nurses leading in the recent R. N. examinations. The winners were: Miss Frances Hastings, Highland View Hospital, Amherst; and Miss Ethel Wilson, All Saints Hospital, Springhill.

The July meeting of the Cumberland Branch, R.N.A.N.S., took the form of a picnic held at the summer home of Miss Muriel Barker in Tidnish.

HALIFAX:

Victoria General Hospital:

The first fall meeting of the Victoria General Hospital Alumnae Association was held on October 3, and plans were discussed for the coming season, including a banquet in honour of the graduating class. The war work which is to be undertaken will be decided later.

The following appointments have recently been made:

Miss Grace Knox (V.G.H., 1934) has been appointed to the staff of the Nova Scotia Sanatorium at Kentville.

Miss Jean Nelson (V.G.H., 1932) has been appointed Nursing Sister and has

joined the staff of the Cogswell Street Military Hospital in Halifax.

Married: Recently, Miss Claire Marryatt (V.G.H., 1938) to Dr. Charles J. MacDonald.

Married: Recently, Miss Lillian B. Ford (V.G.H., 1933) to Mr. George Young.

Married: Recently, Miss Margaret E. Benham (V.G.H., 1939) to Mr. James C. Cullen.

Married: Recently, Miss Marjorie P. Weir (V.G.H., 1939) to Mr. C. R. Hamilton.

Married: Recently, Miss H. Audrey Purtill (V.G.H., 1932) to Mr. Rohan C. Duchemin.

ONTARIO

District 1

PETROLIA:

District 1, R.N.A.O., recently held a meeting in the Charlotte Eleanor Englehart Hospital, Petrolia. The chairman, Miss Doris Shaw of Sarnia, presided at the business meeting. The Invocation was given by Rev. Wilfred Robarts, and the address of welcome by His Worship, Mayor F. L. Braybrook. Dr. S. B, Fraleigh also extended a welcome to the nurses. Dr. R. P. I. Dougall spoke on health preservation in the middle period of life and Miss Margaret MacPhedran gave a paper on the nature and use of the newer drugs.

The Refresher Course was discussed but was left over until a future date. An Extension Course in mental health will be arranged at the different centres if possible. The report of the resolutions committee was presented by Miss Doris Williamson. The Executive Committee were guests of the Charlotte Eleanor Englehart Hospital at luncheon and at the close of the meeting the nurses were the guests of the Nurses Alumnae Association at a very delightful tea.

Miss Vera Damon of the Ontario Hospital, London, has entered the Margaret Hague Hospital, Jersey City, for post-graduate work.

Districts 2 and 3

KITCHENER:

Under the leadership of the convener, Minnie Hackett, the public health section of Districts 2 and 3, R.N.A.O., recently held a one-day refresher course on tuberculosis at the Freeport Sanitorium. Owing to very inclement weather, much sickness and war-time activities, many who had planned to

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attend were unable to get away from their district. The early comers donned gowns and watched some pneumo-thorax treatments for the first time, this gave them an opportunity of seeing at first hand, treatments about which they had known for years. An interesting talk on pathology, as pertaining to tuberculosis, was given by Dr. Whalley of Kitchener. Dr. E. N. Coutts, Medical Superintendent of the Freeport Sanitorium, extended a cordial welcome and gave an excellent address on tuberculosis in industry. This was followed by discussion and questions. An informal luncheon was served by the nurses of the Sanitorium and the arrival of more nurses in the afternoon brought the attendance up to twenty-five.

After a brief business meeting, Miss A. Bingeman, superintendent of nurses of the Freeport Sanitorium, gave an instructive demonstration of care of the patient. Groups of nurses were then taken through the hospital, to meet in the X-ray room, where Dr. Coutts showed films and illustrations of some of the topics discussed in the morning. The day was brought to a close with a delightful dinner and we parted, conscious of time well spent, and of a fellowship which was greatly appreciated. Arrangements are to be made for a supper meeting and for a guest speaker in May, 1940, when mental hygiene, with special reference to industry, will be the topic.

District 4

St. Catharines:

The regular quarterly meeting of District 4, R.N.A.O., was held at the Leonard Nurses Home, with the chairman, Miss I. M. McIntosh, presiding. Reports were read from the various Committees showing keen interest in the work of the District. A most informative address on "Modern Trends in Nursing Education" was given by Miss Margaret Dulmage, Reg. N., of the Toronto General Hospital. Miss Dulmage most enthusiastically emphasized the many uses to which our Journal, *The Canadian Nurse*, could be put to great value and advantage.

Miss E. Ebbage, chairman of *The Canadian Nurse Committee* for District 4, gave an outline of a very comprehensive programme to be carried out in order to increase the circulation of the magazine.

After the meeting a delightful tea was served by the superintendent, Miss Anne Wright, and the staff of the St. Catharines General Hospital, at which there was a great deal of discussion as to ways and means of increasing the circulation of our magazine.

The next meeting will be the annual meeting and will be held in Hamilton.

Hamilton:

St. Joseph's Hospital:

The Alumnae Association of St. Joseph's Hospital, Hamilton, recently held a successful mid-season dance. The committee in charge included the Misses A. Williams (convener), D. Crossley, A. Smith, M. Mitchell, E. Hart, Z. Warren, and F. Nicholson.

The Alumnae Association of St. Joseph's Hospital held their first Fall meeting at Undermount with the president in the chair. The 1939 graduates were accepted into the Alumnae. After the regular business a very enlightening lecture on drugs was given by Sister M. Ancella who is head of the Pharmacy at the Hospital.

Married: Recently, Miss Jean Costy (St. Joseph's Hospital) to Mr. Jack Sullivan.

Married: Recently, Miss V. Bassindale (St. Joseph's Hospital) to Mr. J. H. Martin.

District 5

Oshawa:

It was literally a "colourful" meeting held in Oshawa on September 16, by District Five of the Registered Nurses Association of Ontario. May we offer a good formula for the start of any nurses gathering?

One glorious early autumn afternoon
Acres of velvety lawn
Playing fountains and flower borders
A blaze of colour, in formal and informal gardens.

Then add nearly 200 Ontario nurses. Mix well together and allow guests to wander at will for the afternoon, after meeting a gracious hostess, Mrs. R. S. McLaughlin, of Oshawa.

It was the lure of supper, being served in the nearby Oshawa Collegiate Institute by the nurses of Chapter One, that finally drew us from the lovely gardens. Miss Frances Matthews, vice-chairman of District Five, presided at the business meeting when, following the Invocation, the visitors were heartily welcomed to Oshawa by His Worship, Mayor J. A. Coleman. Reports included that of the Membership Committee, reporting a present membership of 1,314 nurses.

"Through the Years with a Student Nurse" was the film then presented by a well known Toronto surgeon, Dr. A. I. Willinsky, one of Canada's finest amateur ciné-photographers, and with his intimate knowledge of hospital life, makes no mistakes in his presentation of a difficult subject. From the day when pretty Margaret Malcolm wistfully watched the nurses passing in and out of the Toronto Western Hospital doors, to the day when she was happily "capped" and finally graduated, we

enjoyed and shared her experiences. This is a film we believe would be enjoyed by nurses throughout the Dominion. Then, for added measure, we spent the day in Toronto with Their Majesties the King and Queen! This film was rich in colour, and made us thrill to the beauty and dignity of Majesty as nothing has done since we fairly tingled from head to foot, at our first glimpse of the beloved royal couple.

To complete an already splendid evening, Miss Nettie Fidler, of the School of Nursing of the University of Toronto, gave the meeting her impressions of nursing in Europe and England, in 1939. We heard of the struggle to maintain high nursing standards in Poland; of the efforts to lessen hospital transportation difficulties in Sweden by the use of the Ambulance planes of the Swedish Red Cross; of piled up gas masks, and many new problems now confronting English nurses. All these things seemed more real and personal when described by a keen observer who was privileged to visit these countries on a Rockefeller fellowship, just prior to the outbreak of war.

As several chartered buses and numerous cars carried nurses back to their various duties, many nurses were heard to remark that the meeting had been unusually interesting and enjoyable. The programme committee of District Five and Chapter One Oshawa nurses are certainly to be congratulated on the success of the September gathering. It is planned to hold the next meeting of District Five in November, at the Hospital for Incurables, Toronto, when the care of the chronic patient will be the subject given special emphasis.

District 7

KINGSTON:

Married: Recently, Miss Hazel Peever (K.G.H., 1937) to Dr. Douglas Pollock.

Married: Recently, Miss Elizabeth McEachern (K.G.H., 1936) to Mr. Gilbert Padley.

Married: Recently, Miss Mary Hendren (K.G.H., 1937) to Dr. Percival Young.

Married: Recently, Miss Caroline Lockridge (K.G.H., 1936) to Mr. William C. J. Reid.

District 8

OTTAWA:

A meeting of the private duty nurses of District Eight, R.N.A.O., was held on September 25 with Miss Dorothy Ogilvie presiding. Mrs. C. D. Howe, chairman of the Ontario Division on War Services of the Red Cross Society, addressed the meeting and spoke of the need for supplies. Plans were then made for members of the group to start knitting socks and sweaters for the Red Cross.

TEXTBOOK RECOMMENDATION

Sollmann "A Manual of Pharmacology" On the Action of Magnesium Oxide—

"Antacid action extends into the intestines with but little interference with the stomach . . . is converted in the alimentary tract into the soluble and therefore cathartic magnesium bicarbonate. Magnesium oxide is preferred to the usual alkaline carbonates when the stomach should not be burdened with excess CO_2."

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For convenience — and to assure regular dosage for the ambulant patient — Phillips' Milk of Magnesia Tablets. May be carried in purse or pocket. Each tablet equals one teaspoonful of the liquid form.

Dosage:

As an antacid: 2 to 4 teaspoonfuls (2 to 4 tablets).

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Ottawa Civic Hospital:

Miss Lois Danby has recently accepted a position with the Trans-Canada Air Lines. Miss Julia Prindiville has left for Sloan's Hospital, New York, to take a post-graduate course in obstetrics. Miss Goldie Thorpe has left for Montreal to take a position in the Alexandra Hospital. Miss B. McKerracher has resigned from the teaching staff of the Ottawa Civic Hospital. Miss Bessie Jackson has been appointed to the teaching staff of the Ottawa Civic Hospital.

Married: On September 9, 1939, Miss Doris Ashfield to Mr. Morley Arbuckle.

Married: On September 16, 1939, Miss Jean Taylor Craig to Mr. Herbert F. Clark.

Married: On September 11, 1939, Miss Helen K. Thompson to Lieut. W. S. Edwards.

Married: On September 2, 1939, Miss Laura McKay to Mr. John Baker.

Married: On June 18, 1939, Miss Bertha Waldron to Mr. George Young.

Married: On September 9, 1939, Miss Evelyn Jeffrey to Dr. Ernest Young.

Married: On August 19, 1939, Miss Dorothy Thomas to Mr. Ralph Hallebone.

Married: On September 9, 1939, Miss Marguerite Slaughter to Capt. Wm. Williams.

Ottawa General Hospital:

Rev. Sr. Flavie Domitille, Superintendent of Nurses, and Rev. Sr. St. Veronica, Superintendent of the Ottawa General Hospital, spent the month of July at the University of St. Louis where they took a course in hospital administration.

Miss Victoria Belier has been appointed superintendent of nurses at the Strathcona Hospital, Ottawa.

Miss Rhea Lalonde (O.G.H., 1937) has completed a course in public health nursing at the University of Toronto and has been appointed a member of the Victorian Order of Nurses in North Bay. Miss Jeannine Coupal (O.G.H., 1937) has completed a course in public health nursing at McGill University and is now on the Victorian Order of Nurses staff in Montreal.

Graduation exercises were held recently under the joint auspices of the School of Nursing of the Ottawa General Hospital and the University of Ottawa. Seven Sisters and nine young nurses received their diplomas.

The Ottawa General Hospital Alumnae Association recently presented one of its pioneer members, Rev. Sr. St. Denis, O.B.E., with a gold chalice on the occasion of her golden jubilee as a religious. Sr. St. Denis has been a member of the staff for the past forty years. At a reception held in her honour by the Association, the guests, who numbered 250, included members of the Alumnae, doctors and their wives, as well as representatives of Religious Orders and clergy.

In honour of Miss Gertrude Garvin, retiring superintendent of nurses of the Strathcona Hospital, the O.G.H. Alumnae Association held a delightful tea. The guests were received by the president, Miss Mae Landreville, and the conveners, Miss Florence Lepine and Miss Lucille Brulé. Presiding at the tea table were Miss V. Belier and Mrs. A. Kavanagh. A gift was presented to Miss Garvin by Mrs. Racine and an appreciative address was read by Miss Joan Stock.

St. Luke's Hospital:

The officers of the Alumnae Association for the coming year are as follows: honourary-president, Miss E. Maxwell, O.B.E.; president, Miss K. McIlraith; vice-president, Miss N. Johnston; secretary, Miss Isobel Allan; treasurer, Miss Mima McLaren; the committee conveners are: press, Mrs. J. Powers; representatives to Central Registry, Misses N. Lewis, M. Wilson; flowers, Misses Stella Johnston, M. Wilson; programme, Miss Irene Johnston; refreshments, Misses M. McLaren, B. Sproule, Irene Johnston; nominating committee, Misses Heron, Carmichael, B. Sproule; representative to local council of women, Miss G. Wood; *The Canadian Nurse*, Miss M. Drummond.

District 9

KIRKLAND LAKE:

The fifteenth annual meeting of District 9, R.N.A.O., was held in Kirkland Lake on September 23. The seven Chapters were represented as follows: Sault Ste. Marie, Miss A. McGregor; Temiskaming, Miss Elsie Franks; Gravenhurst, Mrs. Olga Myles; Timmins, Miss Juliette Richer; North Bay, Miss Katherine MacKenzie; Sudbury, Miss Jane Thomas; and Kirkland Lake, Miss Winnifred Walker. At the opening meeting greetings were extended by the Mayor of the City, and by Dr. Harris, Medical Health Officer. Miss Winnifred Walker, in the absence of Mrs. North due to illness, welcomed the delegates on behalf of the Kirkland Lake Chapter.

Reports of chapters and sections showed activity, and the financial affairs of the District were never in better condition. It was decided to continue contributions to the Florence Nightingale Memorial Fund, and that the District would continue to assume responsibility for having its announcement included in the Official Directory of *The Canadian Nurse*. It was also decided that the Chapter quota be reduced to $20. per

year. Keen interest was manifested in the National Red Cross enrolment; Miss McEwen was present and was able to answer questions asked by the nurses.

The executive committee and the visiting speakers were the guests of the local Chapter at lunch and at the afternoon meeting Miss Mary Millman, as guest speaker, gave an interesting and stimulating address on the Registered Nurses Association of Ontario, stressing its achievements and aims. Miss Greta Ross, of the Ontario Society for Crippled Children, addressed the meeting on the after-treatment of poliomyelitis. The chairman, Miss H. Elizabeth Smith, in her address reviewed the work of the chapters, the district, and the provincial organizations, showing how closely they are knit together for the common good of all. A banquet was held in the evening when Miss Millman addressed the nurses on new developments in the nursing world. Mr. R. Hopper, of the Ontario Society for Crippled Children, spoke of the Society and its work. Miss A. McGregor on behalf of the District thanked the retiring chairman and secretary for their untiring efforts in the interest of the District.

The officers and conveners for the coming year were elected as follows: Chairman, Miss Jean Smith, Gravenhurst; first vice-chairman, Miss Florence Kruger, Sudbury; second vice-chairman, Miss Katherine MacKenzie, North Bay; secretary, Miss H. Elizabeth Smith, New Liskeard; treasurer, Miss Robena Buchanan, Sanitarium Post Office, Ontario; Conveners of Committees: membership, Miss Rossie Densmore, Sault Ste. Marie; nominations, Miss Katherine MacKenzie, North Bay; public health, Miss Winnifred Walker, Kirkland Lake; private duty, Miss Cliff Sudbury; *The Canadian Nurse*, Rev. Sister Superior, St. Joseph's Hospital, Sudbury; National Enrolment, Miss Sylvia Howard, Gravenhurst.

It was agreed that this very successful meeting was due to the excellent speakers and the representation from all parts of the District. A cordial invitation was accepted from North Bay where the next annual meeting will be held on September 21, 1940.

NORTH BAY:

North Bay Chapter, District 9, Registered Nurses Association of Ontario, met at St. Joseph's Hospital recently for a combined business and social event. Miss M. A. Cloutier, chairman of the North Bay Chapter, presented her resignation because of her impending departure from the city to assume her new duties as organizer of Home Nursing Classes with the Red Cross Society in the Province of Quebec. Miss K.

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MacKenzie was appointed chairman pro tem of the North Bay Chapter. Mrs. J. W. Lee presented Miss Cloutier with a lovely farewell gift from the nurses and voiced their regret at losing a valued member of the organization. Miss Cloutier expressed her thanks and appreciation for the courtesy and co-operation extended to her during her term in office. Two delightful vocal selections were rendered by Miss Nellie Morgan, and Miss Margaret Scott amused the audience with two humourous readings. Miss H. Elizabeth Smith and Mrs. Robert Davidson poured tea.

PRINCE EDWARD ISLAND

CHARLOTTETOWN:

The first quarterly meeting of the Graduate Nurses Association of Prince Edward Island was held at Dalvay House on August 1, forty-two members being present. The vice-president, Miss Anna Mair, presided in the absence of the president, Miss Ina Gillan. The standing committees were elected for the year. Sr. M. Stanislaus, retiring president, was elected to the Executive.

QUEBEC

MONTREAL:

Montreal General Hospital:

The following resolution was passed at the October meeting of the Alumnae Association of the Montreal General Hospital:

In view of the present international situation, the Golden Jubilee Celebration, as originally planned, shall be postponed to an indefinite date, but that suitable recognition be made of the occasion at the time of the graduation exercises of the 1940 class; also that the Committee continue to get in touch with all graduates of the School so that complete records may be on file for immediate use when needed.

Montreal General Hospital:

Miss Juana H. McCosh, recently appointed as assistant to the Sister-in-Charge of the Nurses' Home, has been recalled home to Scotland on active service. Her place has been taken by Mrs. John Reid (Ethel Young, M.G.H., 1913).

The following nurses have been enrolled for a year's course of instruction in the School for Graduate Nurses, McGill University: Hazel A. Brokenshire, (M.G.H., 1930), Provincial Scholarship; Lillian M. B. Baird, (M.G.H., 1931), Mildred Hope Forbes Scholarship; B. Claire Franckum, (M.G.H., 1931); Phyllis W. Snow, (M.G.H., 1934), Mildred Hope Forbes Scholarship; H. Edythe Cole, (M.G.H., 1936), M.G.H. Alumnae Scholarship; Margaret E. Dixon, (M.G.H., 1938); Mildred Hope Forbes Scholarship.

Married: Recently, Miss Marjorie Warwick (M.G.H., 1933) to Mr. John Jackson Miller.

Married: Recently, Miss Mary Norma MacQuarrie (M.G.H., 1938) to Mr. William G. de Belle.

St. Mary's Hospital:

The graduating exercises of the School of Nursing of St. Mary's Hospital took place recently in the auditorium of Loyola College. Twenty-two nurses received their diplomas. Major D. J. O'Donohoe presided, and the address to the graduating class was made by the Rev. Canon Whalen. Attention was brought to the fact that among those receiving their diplomas was a pair of identical twins, the first in the history of St. Mary's School of Nursing.

The Alumnae Association of St. Mary's Hospital held a highly successful dinner dance in honour of the class and the new graduates were formally introduced into the Association at the general meeting in October.

QUEBEC CITY:

Jeffery Hale's Hospital:

Married: On August 26, 1939, Miss Edith C. Scott (J.H.H., 1938) to Mr. Bertram J. H. Marchant.

REFRESHER COURSE IN HOSPITAL ADMINISTRATION

The School of Nursing of the University of Toronto is planning a Refresher Course for registered nurses who are interested in hospital administration. This course will be given November 6 to 25 in the School of Nursing of the University of Toronto. The course will include lectures and discussions on various aspects of hospital administration. Among those contributing will be:

Dr. Malcolm MacEachern, of Chicago.

Dr. Harvey Agnew, Secretary Department of Hospital Service, C.M.A., Secretary, Canadian Hospital Council.

Miss E. M. McKee, superintendent of the General Hospital, Brantford.

Mr. A. J. Swanson, superintendent of Toronto Western Hospital.

Miss H. T. Meiklejohn, superintendent of Women's College Hospital, Toronto.

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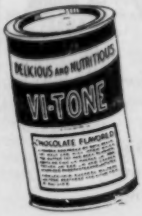

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Mr. Carl Flath, superintendent, Wellesley Hospital, Toronto.

Mr. G. A. Friesen, administrator, Belleville General Hospital.

Round table discussions will deal with various problems arising in hospital administration. Observation visits will be made to a number of Toronto hospitals.

Applications should be addressed to the Secretary, School of Nursing, University of Toronto, Toronto.

No credits will be given for this work, nor will any certificate be awarded. The fee will be $25.00. (Twenty-Five Dollars)

THE GREAT EVACUATION

This vast population of evacuees, which numbered nearly 650,000 people in all, was comprised of school-children with their teachers, children under five years of age with their mothers, expectant mothers and blind people. The organization has been carried through at the London end by the London County Council acting as the Government's agents. Once the evacuees were entrained the Council's responsibility ended, and arrangements for the reception and billeting were the responsibility of the local authorities. This vast population, greater than that of cities such as Sheffield or Leeds, was assembled and transported to seaside or to country without a single casualty.

In addition to the evacuation of nearly 650,000 people in good health, 5,000 patients from the Council's hospitals were moved to towns 50 or 60 miles out of London. Among them were 1,500 children who were not well enough to be sent home for evacuation and were sent to the Council's hospitals in safer areas. Blind people and expectant mothers were moved by coach, others by railway

REMARKABLE EXPERIMENTS

At a London University a group of medical students volunteered to undergo scientific dietetic tests: one of the substances tested was BOVRIL.

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with perhaps a short journey by coach, bus or tram, either at the beginning or the end of their journey. Midwives, all of them holding the certificate of the Central Midwives Board, accompanied the expectant mothers. This remarkable undertaking has been carried through without a hitch and without a single casualty.

And what was it like at the other end? Some parties of school children were kept *en masse* and housed in mansions, their teachers and the hosts and hostesses and maids turning the business into boarding school life. Others were taken in by small householders, and where children formed part of the households interest ran high as to what the new playmates would be like. Small council houses in the country were taking their quota and where difficulties of immediate accommodation arose garages were quickly transformed into shelters at least as good as beach chalets. Luckily it was a warm, dry week-end. The hop-farms of Kent, immensely busy as they are with the just ripe harvest and the invasion of more or different pickers, yet found room to pack in a child or two where there was an empty bed. The pickers always look forward to their annual "evacuation" into the country for September, but this year it took on a very different complexion and their tone was much subdued. The charabancs and crowded cars did not pass down the lanes in a whirl of song as usually. Where men had been called up the regular pickers brought friends to fill the huts. The next question will doubtless be what is to be done with the pickers at the end of harvest.

CURE [W]HAT COLD!

With the onset of winter weather, with its wide fluctuations of temperature, coughs and colds become very prevalent and a source of much invalidism. One of the best methods of treating an irritating cough, and an aid in preventing its progress is the prompt application of Antiphlogistine to the chest. Heated to a comfortable degree of heat and adequately applied — to the depth of one-half inch — it will not need renewing for twenty-four hours. In any case of bronchitis, cough, influenza, or pleurisy, its early application is an aid in ameliorating the symptoms and of promoting early resolution. In addition, patients should be instructed concerning the necessity of maintaining proper ventilation of their rooms at all times. Stuffy, overheated rooms are not only detrimental to a respiratory patient, but are a fruitful cause of disease.

. . . OFF . . . DUTY . . .

In times like these . . . one needs the right book to read . . . especially at night . . . when the anodyne of work . . . is withdrawn for awhile . . . and there is a good deal . . . one would rather not . . . lie awake and think about . . . Some people can lose themselves . . . in a detective story . . . or a mystery thriller . . . so long as it isn't about the war . . . but somehow these tales of adventure . . . don't hold firmly enough . . . to keep us away . . . from Vincent Sheehan . . . and other prophets of doom . . . The other evening however . . . we happened to pick up . . . "The Hopkins Manuscript" . . . and if you haven't read it already . . . we think you might like it . . . It was written . . . by the same R. C. Sherriff . . . who wrote "Journey's End" . . . and "The Fortnight in September" . . . On the surface at least . . . it is just an innocent little story . . . about what happened . . . in an English village . . . when the moon departed . . . from her appointed pathway through the sky . . . and plunged into the Atlantic Ocean . . . The horrifying effects . . . of this catastrophe . . . are observed and set down . . . by Mr. Hopkins . . . a middle-aged Englishman . . . and amateur poultry breeder . . . whose chief preoccupation . . . in the midst of hurricane and flood . . . was the fate . . . of his prize hen . . . Broodie by name . . . This deplorable tendency . . . on the part of Mr. Hopkins . . . to fuss about a pet hen . . . when his whole world . . . was crashing about his ears . . . can only be excused . . . when one remembers . . . that being an Englishman . . . Mr. Hopkins ran true to form . . . and tried to rescue frightened helpless creatures . . . instead of tackling the major problem . . . raised by the unexpected descent of the moon . . . into the depths of the Atlantic Ocean . . . As we turned the pages . . . of his manuscript . . . we thought that Mr. Hopkins . . . shed considerable light . . . on English character . . . We came to understand . . . why a London family . . . suddenly exiled to the country . . . sorely against its will . . . by authority of Air Raid Precautions . . . knowing that the dog Towser . . . could neither go with them . . . nor be left behind to starve . . . somehow found time . . . in the turmoil of domestic upheaval . . . to give him one last good meal . . . and then to take him . . . to the Society for the Prevention of Cruelty to Animals . . . so that he might be "put away" quickly and without pain . . . before the children . . . came hurrying back from school . . . to play with him . . . E. J.

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